

State of Utah – Labor Commission
Division of Industrial Accidents
160 East 300 South, 3rd Floor – P. O. Box 146610
Salt Lake City, UT 84114-6610
Phone: (801) 530-6800 Fax: (801) 530-6804

REQUEST/APPEAL FOR ADDITIONAL MEDICAL INFORMATION

Claimant Name _____

Address _____

Telephone Number _____

Employer _____

Date of Birth _____

Social Security Number _____

Date of Injury _____

Insurance Company, Third Party Administrator, Self Insured Employer, or Attorney

Name of Requesting Party _____

Telephone Number _____

Name of Insurance Carrier or Self Insured Employer _____

Specific Medical Information Requested:

1. _____
2. _____
3. _____

Reasons Additional Medical Information is Needed:

Claimant

_____ **Yes**, I agree to release the additional requested information

_____ **No**, I do not agree to release the additional requested information for the following reason(s)

If **Yes**, you agree to release the additional requested information, please complete the medical provider list for the specific information and sign the "Authorized Release for Medical Information."

If **No**, the insurance carrier may request the Labor Commission, Division of Industrial Accidents to review the request and make a decision as to the relevance of the additional medical information requested. The decision by the Division of Industrial Accidents may be appealed by either party to the Adjudication Division of the Labor Commission.

Claimant Signature

Date

This form must be returned to the Requesting Party by the claimant within 10 days of the date mailed.

_____ The Insurance Carrier is requesting a review by the Industrial Accidents Division as to the relevance of the additional requested information. (A summary of the need for the additional information must accompany this form.)

Industrial Accidents Division

Determination:

Reason for Determination:

Unable to make a determination for the following reason(s):

If unable to make a determination, the insurance carrier will have 15 days from the date of the signed determination in which to submit additional information for consideration. Absent any additional information the request for additional medical information is denied. Any determination made the Division of Industrial Accidents must be appealed to the Adjudication Division within 30 days from the date of the determination or the determination becomes final.

Signature of Staff Person Making Determination

Date